



## MANAGING ACCOUNT SETUP

(Also known as "Billing Official" or "Approving Official" Setup)

### Purchasing - 3059

Agent Number \_ \_ \_ \_

Cycle Date \_ \_

### Managing Account Contact Information *(Complete all information)*

Contact Name \_ \_ \_ \_ \_  
*(Name 1) (max. 24 char.)*

Agency/Organization Name \_ \_ \_ \_ \_  
*(Name 2) (max. 24 char.)*

Address 1 \_ \_ \_ \_ \_  
*(max. 35 char.)*

Address Line 2 \_ \_ \_ \_ \_  
*(Optional) (max. 35 char.)*

City \_ \_ \_ \_ \_ State \_ \_ Zip \_ \_ \_ \_ - \_ \_ \_  
*(max. 25 char.) (max. 9 char.)*

Business Phone Number \_ \_ \_ - \_ \_ \_ \_ \_ Fax Number \_ \_ \_ - \_ \_ \_ \_ \_  
*(max. 10 char.) (max. 18 char.)*

E-mail Address \_ \_ \_ \_ \_  
*(max. 60 char.)*

Managing Account Limit \$ \_ , \_ \_ \_ , \_ \_ \_  
*(Cycle Purchase Limit)*

Will any cardholders under this Managing Account use  
Convenience Checks? ☐ Yes ☐ No

### Reporting Levels

Level 1 \_ \_ \_ \_ \_ Level 2 \_ \_ \_ \_ \_ Level 3 \_ \_ \_ \_ \_ Level 4 \_ \_ \_ \_ \_

Level 5 \_ \_ \_ \_ \_ Level 6 \_ \_ \_ \_ \_ Level 7 \_ \_ \_ \_ \_

### Form Submitted by:

Signature \_ \_ \_ \_ \_ Print Name \_ \_ \_ \_ \_

Phone \_ \_ \_ \_ \_ Fax \_ \_ \_ \_ \_ Date Submitted \_ \_ \_ \_ \_

**FAX REQUEST TO 612-973-3791 or 1-800-974-0777**

OR

MAIL REQUEST TO:

U.S. BANK GOVERNMENT SERVICES

200 SOUTH SIXTH STREET – EP-MN-L28C, MINNEAPOLIS, MN 55402



**MANAGING ACCOUNT SETUP**  
(Also known as "Billing Official" or "Approving Official" Setup)

**Default / Master Accounting Code** *(Optional - max. 150 characters)*

First 25 characters of Accounting Code \_\_\_\_\_

Second 25 characters of Accounting Code \_\_\_\_\_

Third 25 characters of Accounting Code \_\_\_\_\_

Fourth 25 characters of Accounting Code \_\_\_\_\_

Fifth 25 characters of Accounting Code \_\_\_\_\_

Sixth 25 characters of Accounting Code \_\_\_\_\_

**Authorization Controls** (optional)

Daily Transaction Limit	_____	Daily Purchase Limit	\$ __, ____, ____
Cycle Transaction Limit	_____	Cycle Purchase Limit	\$ __, ____, ____
Monthly Transaction Limit	_____	Monthly Purchase Limit	\$ __, ____, ____
Quarterly Transaction Limit	_____	Quarterly Purchase Limit	\$ __, ____, ____
Annual Transaction Limit	_____	Annual Purchase Limit	\$ __, ____, ____

**Form Submitted by:**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Date Submitted \_\_\_\_\_

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